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ABSTRACT

Eleven percent of teenage girls and 14 percent of teenage boys in a recent survey acknowledged having had a same sex sexual encounter. It may be assumed that the number of adolescents with concerns related to sexual orientation exceeds the number with actual same sex experiences. If, as self-identified homosexual adults have reported, their sexual orientation had developed before puberty, exploring issues related to sexual orientation in counseling high school students will not likely be determinant of their adult sexual orientation. Most high school counselors would recognize that there are, in their case loads, students for whom issues of homosexuality or sexual orientation may be central concerns. Failure to provide counseling or referrals for the special needs of these students is an act of negligence. Counselors may experience role conflict, however, of counselor as representative of the normative macroculture versus counselor as advocate of a minority group with special needs relevant to their minority status. Although it may not be within the scope of the high school counseling program to work extensively with issues of sexual identity, the issues can be addressed directly and openly, and the special needs of this student population can be understood, interventions can be provided, and referrals can be made. (NB)

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Assessing and Addressing
The Special Challenge of Gay and Lesbian Students
For High School Counseling Programs

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Eleven percent of teenage girls and fourteen percent of teenage boys in a recent survey acknowledged having had a same sex sexual encounter (Hass, 1979). Most of those responding reported feeling embarrassed, guilty or very anxious as a function of these encounters. This survey gives no information about the numbers of teenagers with concerns related to same sex fantasies or desires, gender role confusion, or questions related to sexual orientation and life-style. It may be safely assumed that the numbers of adolescents with concerns related to sexual orientation exceed the numbers with actual same sex experiences. whose job is it to help these teens to better understand their sexual feelings , attitudes and behaviors? Do early same sex experiences or desires indicate that a person will adopt a gay life-style as an adult?

In this paper I will discuss the role of the high school counselling program in relation to these issues. The first area of discussion will be the ethical considerations relative to the developmental tasks of adolescence and the ethical issues in failing to address the problems of this population. The second area of discussion will be the potential for role conflict of counselor as representative of the normative macroculture vs. counselor as advocate of a minority group with special needs relevant to their minority status. Finally, I would like to suggest some ways in which high

school counselling programs might appropriately address the needs of this population.

One of the most commonly voiced concerns regarding counselling of minors on issues of sexual orientation is that counselling will condone or encourage the development of a gay identity. It is frequently pointed out that it is more likely that a homosexual young person will experience pressure to experience a heterosexual identity, even when this identity does not appear to be in the interest of personal integration, than vice versa. Given that identity formation is the principal task of the adolescent, in what way is the exploration of issues and/or application of a label by the teen, counselor, or peers, a premature determinant of future life-style?

There are two areas of concern embedded within this question. First, there is the belief that homosexuality is a late developing orientation which can be strongly influenced by social variables. And, second, there is an implication that there is something wrong with, or sick, about the development of a gay identity. At this point, there is no conclusive evidence regarding the etiology of homosexuality. Theories about the origin of homosexuality include genetic and hormonal (Money), family dynamics, i.e., domineering mothers and distant fathers (Bieber),

social learning and sexual fantasy (Storms, 1981), and a combination of biological, social and psychological variables (Frieze). To date, there is no definitive or consensual theory regarding the etiology of homosexuality. There is however, the frequently replicated finding that self-identified gay adults believe that their sexual orientation had developed before they reached puberty. If this is the case, then exploring issues related to sexual orientation in counselling high school students will not likely be determinant of their adult sexual orientation.

Erik Erikson (1963) has described adolescence as a period of identity confusion. During this time of life, a person will experience confusion over which roles he/she will adopt. A favorable outcome, according to the developmental theorist, would result in the ability to "see oneself as a unique and integrated person and to sustain loyalties." An unfavorable outcome would result in "confusion over who one is." If one accepts some version of this thesis, that identity formation is a primary task of adolescence, then sexual orientation can be considered a salient area for definition by the teenager. It is in fact, expected that heterosexual teenagers will explore, develop and define sexuality during adolescence, while homophobia may complicate or prevent this definition for homosexual teens. In theory, unless a teenager is given the opportunity to explore

understand and integrate his/her unique feelings about members of both sexes, he or she will develop confusion and the inability to sustain intimate bonds. Repression or denial of feelings and attractions is detrimental to the development of an integrated personal identity.

While issues of sexuality are sensitive for most teenagers because of their "newness" and confusing because of the cultural conflicts embedded in the area of sexuality, they may be particularly painful or confusing for the homosexual or confused youngster because of the cultural prohibition against expression of same sex attraction. It is my contention that failure to provide counselling and/or referrals for the special needs of these students is an act of negligence.

Most high school counselors would recognize that there are in their case loads students for whom issues of sexual orientation may be central concerns, yet few programs address the needs of these students in any direct way. In general there is an attitude of silence in the face of the cultural conflicts reflected in the problems of these youngsters. This attitude of silence serves to cover a complex set of difficult questions. Will it be helpful to help a young person to develop an integrated personal identity which may be at odds with much of the world in which he/she lives?

What about the concerns and legal rights of parents who may be strongly opposed to the exploration of sexual orientation, much less the development of a strong gay identity? What are the limitations of the high school counseling program, which is generally geared to monitoring normative development and to educational and career planning? In the face of these complex and difficult issues, it is understandable that the typical response at the program level is silence. But this understandable silence may be an indication of irresponsibility. One of the primary roles of adult educators and counselors is to provide role models for the youngster with whom they work. If adults avoid dealing with difficult issues directly, it may be an indication that they, at least collectively, are unable to prioritize cultural values in a meaningful way, e.g., personal expression vs. social responsibility or normative behavior vs. personal integrity. The message given by silence at the program level may be "It is a difficult problem so let's avoid it."

Because the development of sexual orientation is normatively heterosexual, the issues of bias and advocacy are relevant to any discussion of counseling for teenagers who do not experience themselves as developing in keeping with the social norms of heterosexuality. Is the counselor's role that of advocate for a minority group, or is it that of representative of the normative

macroculture? Must these two roles be at odds? How does the counselor's perception of his/her role influence the development or resolution of homophobia?

Davidson (1982) and Halleck (1971) contend that therapists never make ethically or politically neutral interventions. According to this position, all behavior takes place within a political and social context. Therefore, all counselling arises from and reflects social influences.

Research suggests that counselors tend to view sexual orientation as the cause of problematic areas of functioning in their homosexual clients, rather than viewing some more typical explanation as causative, e.g. ralationship problems are seen as a function of homosexuality rather than difficulty with intimacy (Davison, 1981). Other research suggests that, given identical description of clients, therapists tend to rate homosexuals as more pathological than heterosexuals (Garfinkle and Morin, 1978).

While this issue of bias presents serious ethical problems in dealing with adults, they are potentially dangerous in dealing with adolescents, because teens are particularly open to social

feedback. When a teen senses an implicit value judgement s/he is more likely to take it as an enduring and factual judgement about him/herself. Teens no doubt already experience society's implicit value judgement about homosexual orientation and may, in seeking help through counseling, be making themselves even more vulnerable to this kind of judgement.

In many, if not most cases, counselors have not explored their own feelings and attitudes about homosexuality to a point of comfortable resolution. If a counselor is unaware of his or her own feeling and attitudes, he or she may be unable to provide a safe place for the teenager to explore both positive and negative feelings and beliefs about sexuality.

In addition to the question of bias, the counselor must consider the question of practical knowledge. Does the counselor know what resources and supports are available in print and in the community? Is the counselor aware of the special issues involved in the development of positive gay identity or gay life-style? If the counselor is either knowledgable or gay him or herself, should the counselor's task be to educate the teen, or to make appropriate referrals? How can the needs of the teen for positive role models and social support for personal development be separated from judgements and proselytizing in either direction?

Again, the fact that the situation is complex is not reason enough to avoid addressing it.

I would like to suggest that, first, this population of students be recognized at the program level, and second, that the ways in which a high school counseling program may meet the needs of this population be assessed. It seems appropriate that the developmental needs of the adolescent are the primary concern of the high school counseling program. These needs are geared toward the development of a healthy integrated identity and a sense of self-esteem. Research in this area suggests that the two variables most strongly correlated with self-esteem in gay people are; first, their openness about their sexual orientation, and second, their feeling of alienation from mainstream society. Gay people who are self=identified as gay and who have strong connections with the gay community have higher self-esteem than those who do not. On the other side of the same coin, those who feel alienated from mainstream society have lower self-esteem (Jacobs and Tedford, 1979). It would seem then that identification with and membership in both groups is important for the development of integrated identity and self-esteem. High school counseling programs generally do not provide intensive personal counseling, but do provide intervention and referral when indicated by the bahavior or expressed need of the

student. It seems appropriate that the counseling department in the high school can: 1) easily make referral materials available on bulletin boards and in information racks for students who may be too fearful to ask for counseling assistance, 2) be willing to listen to and affirm the special needs of these students, 3) and be able to make appropriate referrals for more intensive counseling or special support services in the community. In order to provide these services to students, education should be provided for the counseling staff through in-service workshops and periodic updates of new information.

It seems particularly appropriate that the high school counseling program address the protential for alienation with this student population. Because these sutdents may be experiencing a great deal of confusion or feelings of isolation and social rejection - or, on the more positive side, they may be expending a great deal of energy inseeking positive affiliation with the gay community - they may be less attentive to the "normal" group memberships, clubs, development of educational and career plans, and special interests. It may be in this area that the high school counselor can most effectively intervene with a student having either typical homosexual developmental difficulties or confusion about sexual orientation. Without necessarily addressing the issue directly,

counselors can be sensitive to, and provide extra support for, those students who are perceived by themselves or by their peers as "different" in this respect. In this way, the counselor can create an environment in which these students may be able and willing to explore their own feelings and/or this peer response, which is, in itself, particularly painful for the teen who experiences it. Additionally, focus on other aspects of normal development, not as a means of denying or repressing the sexual issues, but as an affirmation of the total person the teenager is, may serve to strengthen self-esteem and the development of a balanced identity.

Although the problems in providing counseling for this population of students are sometimes difficult and complex, the needs of these students should not be avoided or ignored. The counseling staff can be educated as to the developmental, ethical and legal issues involved in working with gay and lesbian adolescents.

Printed information and an implied invitation to discuss these issues with a counselor can be provided. Referrals for specialized services can be made, and attention can be given to the total development of the person. In these ways, the rights and needs of gay and lesbian students experiencing confusion, and their parents, can be recognized and respected. A counseling program

can be both advocate in understanding the special issues relative to this minority population and representative of the macro-culture in attending to the developmental needs of the person as a whole being. Although it may not be within the scope of the high school counseling program to work extensively with issues of sexual identity, the issues can be addressed directly and openly, and the special needs of this population can be understood, interventions provided, and referrals made.

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